

**● PRINTER RUSH ●**  
**(PTO ASSISTANCE)**

Application :	Examiner :	GAU :
09832601	Chin	2634
From:	Location:	Date:
CWC	IBC FMF FDC	1-03-07
Tracking #:		Week Date:
ePM 09832601		9-26-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	6-30-05	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE:
<p>Claim 19 is dependent upon cancelled  claim 18.</p> <p style="text-align: right;">Thank you</p>

[XRUSH] RESPONSE:
INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04